

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28053
Registrar's No. 6966

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		424X	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital				e. STREET ADDRESS (If rural, give location) 2208 Spencer			
3. NAME OF DECEASED (Type or Print) Anne		a. (First)		b. (Middle)		c. (Last) Bender	
4. DATE OF DEATH August 3, 1951		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 12/11/36		8. DATE OF BIRTH 9/10/08		9. AGE (In years last birthday) 42		10. UNDER 1 YEAR Months 10 Days 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Motor service		11. BIRTHPLACE (State or foreign country) Benld, Ill.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Joseph Fornero		13b. MOTHER'S MAIDEN NAME Emma Kuhn		14. NAME OF HUSBAND OR WIFE Edward J. Bender			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 489-03-2865		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward J. Bender, 2208 Spencer Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION X Rays + Radium Used		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? 171X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 7/7/1951 to 8/3/51, 1951, that I last saw the deceased alive on 8/3/51, 1951, and that death occurred at 8 A. M., from the causes and on the date stated above.			
23a. SIGNATURE Rosal A. Weir		23b. ADDRESS M. D. 1755 S. Grand Blvd.		23c. DATE SIGNED 8/3/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/6/51		24c. NAME OF CEMETERY OR CREMATORY St. John's		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. AUG 4 1951		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 1994

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.